

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-575)						SERIAL NO. 09/980,291	FILED IN		
9-30-09						CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1				51	1	
2							52	1	
3							53	1	
4							54	1	
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
15		14		14			65		
16		14		14			66		
17		14		14			67		
18		14		14			68		
19		14		14			69		
20		14		14			70		
21		14		14			71		
22		14		14			72		
23		14		14			73		
24		14		14			74		
25		14		14			75		
26		14		14			76		
27		14		14			77		
28		14		14			78		
29		14		14			79		
30		14		14			80		
31		14		14			81		
32		14		14			82		
33		14		14			83		
34		14		14			84		
35		14		14			85		
36		14		14			86		
37		14		14			87		
38		14		14			88		
39		14		14			89		
40		14		14			90		
41		14		14			91		
42		14		14			92		
43		14		14			93		
44		14		14			94		
45		14		14			95		
46		14		14			96		
47		14		14			97		
48		14		14			98		
49		14		14			99		
50		14		14			100		
TOTAL IND.							TOTAL IND.	1	
TOTAL DEP.							TOTAL DEP.	92	83
TOTAL CLAIMS							TOTAL CLAIMS	93	84